

<p>(To be used for all correspondence after initial filing)</p>		Application Number	10/646,289
		Filing Date	August 21, 2003
		First Named Inventor	Son Ho et al.
		Art Unit	2188
		Examiner Name	Kaushikkumar M. Patel
Total Number of Pages in This Submission		Attorney Docket Number	MP0390.I

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
	<input type="checkbox"/> Request for Refund	Notice of Appeal; Pre-Appeal Brief Request
	<input type="checkbox"/> CD, Number of CD(s) _____	For Review; Credit Card Authorization Form; and Return Receipt Postcard.
	<input type="checkbox"/> Landscape Table on CD	
		Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Harness, Dickey & Pierce, P.L.C.		
Signature			
Printed Name	Damian M. Aquino		
Date	September 5, 2007	Reg. No.	54,964

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Signature		Date	September 5, 2007

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**FEES TRANSMITTAL  
for FY 2006**

Effective 2/8/2006. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 620**Complete If Known**

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**METHOD OF PAYMENT (check all that apply)**
 Check  Credit card  Money  Other  None  
 Order
  Deposit Account:Deposit Account Number  
08-0760Deposit Account Name  
Harness, Dickey & Pierce, PLC

## The Director is authorized to: (check all that apply)

- 
- Charge any underpayment
- 
- Credit any overpayments
- 
- 
- Charge any additional fee(s) during the pendency of this application
- 
- 
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	120.00
1252	450	2252	225	Extension for reply within second month	
1253	1020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	500.00
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1452	500	2452	250	Petition to revive – unavoidable	
1453	1500	2453	750	Petition to revive – unintentional	
1462	400	1462	400	Petition fee under 37 CFR 1.17(f)	
1463	200	1463	200	Petition fee under 37 CFR 1.17(g)	
1464	130	1464	130	Petition fee under 37 CFR 1.17(h)	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (g)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
Total Claims	-20 **	= 0	X 0	= 0	
Independent Claims	-3 **	= 0	X 0	= 0	
Multiple Dependent					
<b>Subtotal (1)</b>					
<b>Subtotal (3)</b>					(\$620)
<b>Subtotal (4)</b>					(\$0)

\*\*or number previously paid, if greater; For Reissues, see above

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Damian M. Aquino	Registration No. (Attorney/Agent)	54,964	Telephone	248-641-1600
Signature				Date	September 5, 2007

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